N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 16 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21938

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No.
Township — Primary Registration District No. 3004 — Registered No. 44
City Butler (No. , St. Ward)

2. FULL NAME James Ralph Scott
(a) Residence, No. St., Ward. Butler Memorial Hosp.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthis Ella Scott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1876.
7. AGE: YEARS 59 — MONTHS 10 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmira Ill

FATHER
13. NAME Thomas Benjamin Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Margaret Kitzmiler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Tenn

17. INFORMANT (ADDRESS) Cynthis Ella Scott Adrain Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Vernon DATE June 3rd, 1936
19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo.
20. FILED June 3, 1936 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to June 1, 1936
I last saw him alive on May 31, 1936 Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

Gangrenous Peritonitis

Date of onset

Other contributory causes of importance:
Gangrenous Appendicitis and Gangrenous Coecum

Name of operation Appendectomy Date of May 27/36
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) E. E. Robinson, M. D.
(Address) Adrian Mo.